

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

[FILE STAMP]

APPELLATE DISTRICT, DIVISION

In re the Matter of:

(Name and Date of Birth of Subject Child or Children)

Petitioner(s)

v.

The Superior Court of the County of

Respondent

Real Party in Interest

No: (Court will provide)

Superior Ct. No.

No.

☐ Related Appeal Pending  
Appellate Court No.

PETITION FOR EXTRAORDINARY WRIT  
(Juvenile Dependency)

☐ STAY REQUESTED (see item 10).

INSTRUCTIONS — READ CAREFULLY

- Read the entire form *before* completing any items.
- This petition must be clearly handprinted in ink or typed.
- Complete all applicable items in the proper spaces. If you need additional space, add an extra page and mark additional page box.
- If you are filing this petition in the Court of Appeal, file the original and four copies.
- If you are filing this petition in the California Supreme Court, file the original and thirteen copies.
- Notify the clerk of the court in writing if you change your address after filing your petition.

Approved for optional use by the Judicial Council of California. Individual Courts of Appeal may require documents other than or in addition to this form. Contact the clerk of the reviewing court for local requirements.

(Continued on reverse)

CASE NAME:  	CASE NUMBER:  
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1. This Petition for Extraordinary Writ is filed on behalf of petitioner

a. Name:

b. Address:

c. Phone No.:

2. Petitioner is the

a. ☐ Child

b. ☐ Mother

c. ☐ Father

d. ☐ Guardian

e. ☐ De facto parent

f. ☐ County welfare department

g. ☐ District attorney

h. ☐ Other (state relationship to child or interest in the case):

3. This petition seeks extraordinary relief from the order of The Honorable (name):

a. ☐ authorizing a hearing under Civil Code section 232 to terminate parental rights

OR

b. ☐ setting a hearing under Welfare and Institutions Code section 366.26 to consider termination of parental rights, guardianship, or long-term foster care.

OR

c. ☐ other (specify):

4. The challenged order was made on (must specify date of hearing):

under Welfare and Institutions Code section (specify):

5. The order was erroneous on the following grounds (specify):

6. a. ☐ Supporting documents attached.

b. ☐ Because of exigent circumstances supporting documents are not attached (explain):

7. Summary of factual bases for petition (Petitioner need not repeat facts as they appear in the record. Petitioner must reference each specific portion of the record, their significance to the grounds alleged, and disputed aspects of the record):

☐ Additional pages attached.

(Continued)

CASE NAME: _____	CASE NUMBER:
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8. Points and Authorities in Support of Petition are attached. (Number of pages attached: \_\_\_\_\_)

9. Petitioner requests that this court direct the trial court to
- a. ☐ Vacate the order for hearing under 366.26
  - b. ☐ Remand for hearing
  - c. ☐ Order that reunification services be  
☐ Provided    ☐ Continued
  - d. ☐ Order visitation between the child and petitioner
  - e. ☐ Return or grant custody of the child to petitioner
  - f. ☐ Terminate dependency
  - g. ☐ Other (specify):

10. ☐ Petitioner requests a temporary stay pending the granting or denial of the petition for extraordinary writ.
- a. Hearing date (*must specify*):
  - b. Reasons for stay (*specify*):

☐ Additional pages attached

11. Total number of pages attached: \_\_\_\_\_

12. I am the ☐ petitioner ☐ attorney for petitioner.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date:

.....	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER OR ATTORNEY)

Address:

(Continued on reverse)

CASE NAME:  _____	CASE NUMBER:  _____
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**PROOF OF SERVICE**

I served a copy of the foregoing Petition for Extraordinary Writ to the following persons by personally delivering a copy to the person served, **OR** by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, **OR** by placing a copy in a sealed envelope and depositing the envelope directly in the United States mail with postage paid or at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar:

- |  |  |
|--|--|
| <p>1. Respondent Court</p> <p style="padding-left: 20px;">a. Name and address:</p><br><br><p style="padding-left: 20px;">b. Date of service:</p>                 | <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Personal service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Substituted service</div> <div style="display: flex; align-items: center;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> First-class mail</div>  |
| <p>2. Real Party in Interest</p> <p style="padding-left: 20px;">a. Name and address:</p><br><br><p style="padding-left: 20px;">b. Date of service:</p>           | <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Personal service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Substituted service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> First-class mail</div> <div style="display: flex; align-items: center;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> County Counsel</div> |
| <p>3. Parent</p> <p style="padding-left: 20px;">a. Name and address:</p><br><br><p style="padding-left: 20px;">b. Date of service:</p>                           | <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Personal service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Substituted service</div> <div style="display: flex; align-items: center;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> First-class mail</div>  |
| <p>4. Parent's attorney</p> <p style="padding-left: 20px;">a. Name and address:</p><br><br><p style="padding-left: 20px;">b. Date of service:</p>                | <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Personal service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Substituted service</div> <div style="display: flex; align-items: center;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> First-class mail</div>  |
| <p>5. Child's attorney</p> <p style="padding-left: 20px;">a. Name and address:</p><br><br><p style="padding-left: 20px;">b. Date of service:</p>                 | <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Personal service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Substituted service</div> <div style="display: flex; align-items: center;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> First-class mail</div>  |
| <p>6. Court-appointed special advocate</p> <p style="padding-left: 20px;">a. Name and address:</p><br><br><p style="padding-left: 20px;">b. Date of service:</p> | <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Personal service</div> <div style="display: flex; align-items: center; margin-bottom: 5px;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> Substituted service</div> <div style="display: flex; align-items: center;"><input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> First-class mail</div>  |

7. At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

<p>Date: _____</p> <p style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</p>	<div style="position: relative; height: 40px;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; background: black; clip-path: polygon(50% 0%, 100% 0%, 100% 100%, 50% 100%);"></div> </div> <p style="text-align: center; font-size: small;">(SIGNATURE)</p>
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